

POSITION	INITIALS	ID NO.	DATE
fee determination	10385		
O.I.P.E. CLASSIFIER		2-16-00	
FORMALITY REVIEW		3/3/00	
RESPONSE FORMALITY REVIEW		4-6-00	

INDEX OF CLAIMS

Rejected N
 Allowed I
 Canceled A
 Restricted O

(Through numeral)

Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

Form 100
 100 Actions
 100 Claims
 100 Interferences
 100 Appeals
 100 Objections
 100 Rejections
 100 Allowances
 100 Cancellations
 100 Restricted
 100 Original
 100 Final

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